

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2016
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2016 MAY 17 P 12:04

NAME OF PROVIDER OR SUPPLIER HALE HO'OLA HAMAKUA	STREET ADDRESS, CITY, STATE, ZIP CODE 45-547 PLUMERIA STREET HONOKAA, HI 96727
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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4 000	11-94.1 Initial Comments A State relicensure survey was conducted at the facility from April 19-22, 2016. On entrance, the census included 59 residents.	4 000		
4 115	11-94.1-27(4) Resident rights and facility practices Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including: (4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility; This Statute is not met as evidenced by: The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility; Based on observations and staff interviews the facility failed to ensure the resident's right to a dignified existence, and promote care in a manner that enhanced each resident's dignity for 6 of 29 residents in the survey sample. Findings include: 	4 115	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Hale Ho'ola Hamakua does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. It is submitted solely as the facility's credible allegation of compliance as mandated by Federal and State regulations. It is the policy of Hale Ho'ola Hamakua that each Resident is treated as an individual with dignity and respect." 4115 11-94. 1-27(4) Resident Rights and Facility practices: What corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident #6 Unit Manager reviewed Resident's clothing and identified needs. Contact has been made through Social Worker to Responsible Party for repairs and Facility staff educated on the dignity and respect aspect of Resident appearance.	May 17 2016

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jeany Lee Pitcher

TITLE
Administrator

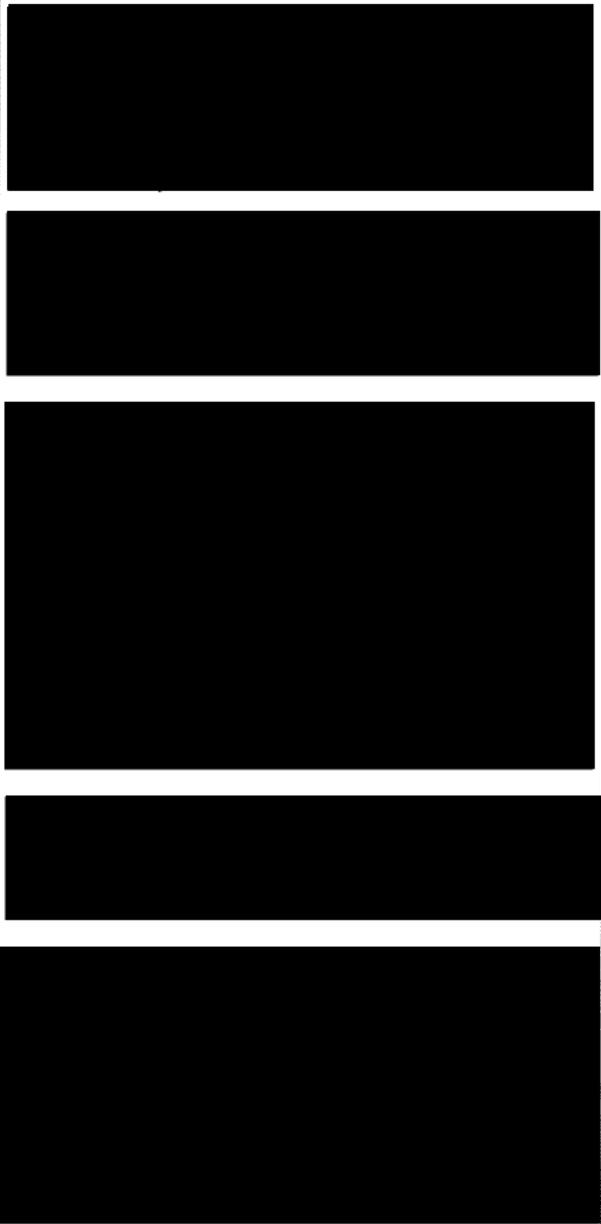
(X6) DATE
5/11/2016



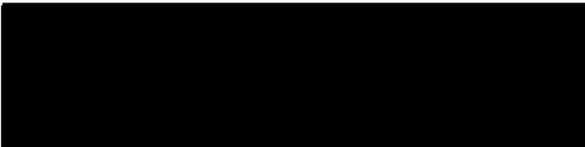
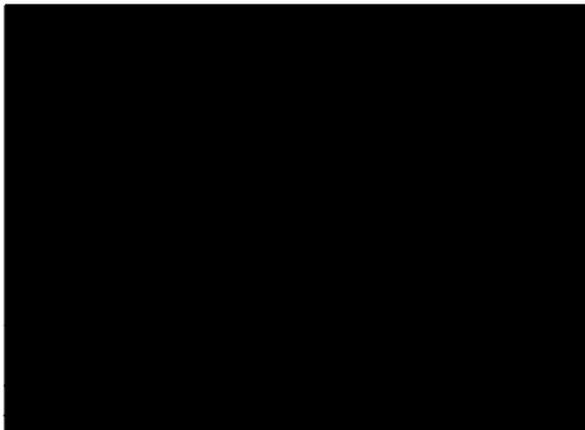
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4 115	Continued From page 1 	4 115	<p>Resident #68 on notification staff immediately brought resident back to  room and provided resident with new laundered shirt.</p> <p>Resident # 32 Glasses were cleaned on notification. Unit Manager provided education to staff on importance of cleaning glasses in order to provide dignity and proper appearance for resident and their individual needs.</p> <p>Resident #52 Resident's face was wiped and care provided on notification.</p> <p>Resident #41 Resident was provided a change of shirt on notification by Unit Manager.</p> <p>Resident #17 has been provided with comfortable fitting clothing by the facility.</p> <p>Identifying other Residents having the potential to be affected, and what corrective action will be taken:</p> <p>Social Worker and Unit Managers have performed full facility wide clothing review 5/12/16 to identify other Residents who may need alternate or different clothing to assure appearance is dignified and respectful of their individuality.</p>	May 17 2016

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4 115	Continued From page 2    	4 115	Measures and systemic changes to prevent recurrence: Facility will perform detailed focus rounds weekly to include dignity and grooming with respect to individuality. Staff Developer has re- educated nursing staff on Resident Dignity and the use of the focus rounds by supervisors to assure compliance on 4/26/16. Social Worker will continue to check new admissions and other resident's clothing to assure Resident's needs are continuously being met to prevent recurrence. Monitoring Corrective Action: Facility will monitor performance through the facility monthly Quality Assurance Performance Improvement Program. Units will provide overview of findings from Focus rounding to identify areas for improvement and these will be reported at this meeting for ongoing compliance with overview by the Director of Nursing Services.	May 17 2016

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4 175 4 175	<p>Continued From page 3</p> <p>11-94.1-43(c) Interdisciplinary care process</p> <p>(c) The overall plan of care shall be reviewed periodically by the interdisciplinary team to determine if goals have been met, if any changes are required to the overall plan of care, and as necessitated by changes in the resident's condition.</p> <p>This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to periodically review, update and revise the fall care plan for 1 of 29 residents in the survey sample.</p> <p>Findings include:</p> <div style="background-color: black; width: 100%; height: 150px; margin-top: 10px;"></div>	4 175 4 175	<p>F-280 483.20(d) (3), 483.10(k) (2) Right to participate planning care revise CP.</p> <p>Corrective Actions for residents affected: Resident # 10's care plan was immediately updated [REDACTED] by LN #1 to reflect Resident at risk for falls due to dependence on others for transfers and mobility.</p> <p>Identifying other Residents having potential to be affected, and what corrective action will be taken: Resident's identified at risk for falls using facility fall risk assessment have had care plans reviewed and updated by MDS Nurse to reflect current risk status. Staff have been re-educated by the Staff Developer on care planning fall risk 4/26/15.</p> <p>Measures and systemic changes to prevent recurrence: Facility will track fall risk for resident's and assure that care plans are in place and updated with each change and at minimum during quarterly assessment. MDS Nurse to track and update as required.</p> <p>Monitoring Corrective action: Tracking document will be reviewed by Quality Committee monthly and monitored by the Director of Nursing Services for ongoing compliance to prevent recurrence.</p>	May 17 2016